



**YES,** I'd like to participate in The Accommodation Program.  
Please send me the FREE Source Book and FREE materials catalog.



Your Name (Please print clearly) \_\_\_\_\_

Your Title \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address (No P.O. boxes please) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**(Check All That Apply)**

Restaurant: ☐ Fine Dining ☐ Midscale ☐ Quick Service

☐ Hotel ☐ Bowling Center ☐ Shopping Mall ☐ Stadium/Arena ☐ Bar/Tavern ☐ Airport

☐ Association ☐ Casino ☐ Other (Please specify) \_\_\_\_\_

Chain Operator ☐ Local ☐ Regional ☐ National

☐ Independent Operator

Number of Locations \_\_\_\_\_



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☐ Yes, you may use my establishment's name as a participant of The Accommodation Program for consumer listings, advertising, and other promotional materials without further notice or payment of any fee or expense to me or my establishment as per my signature below.

Signature \_\_\_\_\_

The Accommodation Program is owned and operated by Hospitality Industry Association

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